

AMENDED IN ASSEMBLY JULY 1, 2008
AMENDED IN ASSEMBLY JUNE 17, 2008
AMENDED IN SENATE MAY 23, 2008
AMENDED IN SENATE APRIL 15, 2008
AMENDED IN SENATE MARCH 26, 2008
AMENDED IN SENATE FEBRUARY 25, 2008

SENATE BILL

No. 1058

Introduced by Senator Alquist

January 7, 2008

An act to add Sections 1255.8 and 120141 to the Health and Safety Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1058, as amended, Alquist. Health facilities: bacterial infections.

Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime.

This bill would establish the Medical Facility Infection Control and Prevention Act, which would require hospitals to implement certain procedures for the screening, prevention, and reporting of specified health facility acquired infections. The bill would also require specified laboratories to report positive MRSA test results to the department. This bill would require the department to carry out certain duties in order to implement the bill. The bill would require each hospital to pay a fee per licensed bed and per licensed facility, as specified. These fees would be deposited into the Department of Public Health Licensing and

Certification Health Care Acquired Infection Fund created by the bill, which would be available, upon appropriation, to the department. Because a violation of the health facility provisions is a crime, the bill would impose a state-mandated local program.

Existing law permits the State Department of Public Health to take various actions to prevent and control the spread of infectious diseases in this state.

This bill would require the department to develop and implement various Internet-based reporting systems, as prescribed. ~~The bill would allow the department, using existing state and federal resources, to provide various training and support programs to local health departments and health officers.~~

~~This bill would also authorize the department, subject to appropriation, to sponsor pilot studies to identify methods of reducing facility acquired infections, as prescribed.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) (1) The protection of patients in California health facilities
- 4 is of paramount importance to the citizens of this state.
- 5 (2) During the past two decades health care facility associated
- 6 infections, especially those that are resistant to commonly used
- 7 antibiotics, have increased dramatically.
- 8 (3) The State Department of Public Health needs to develop a
- 9 better, more efficient system to monitor and report the incidence
- 10 of antibiotic-resistant and other infections that are acquired by
- 11 patients in health facilities.
- 12 (4) The department needs to establish and maintain a
- 13 comprehensive inspection and reporting system for health facilities
- 14 that will ensure that those facilities comply with state laws and

1 regulations designed to reduce the incidence of facility associated
2 infections.

3 (b) It is, therefore, the intent of the Legislature to enact
4 legislation that will do all of the following:

5 (1) Ensure that California's standards for protecting patients
6 from exposure to pathogens in health facilities, including
7 Methicillin-resistant *Staphylococcus aureus* (MRSA), are adequate
8 to reduce the incidence of antibiotic-resistant infection acquired
9 by patients in these facilities.

10 (2) Require these departments to develop and implement an
11 Internet-based public reporting system that provides updated
12 information regarding the incidence of infections, including
13 associated pathogens acquired in health facilities, as well as the
14 number of infection control personnel relative to the number of
15 licensed beds.

16 (3) Ensure that health facilities implement improved procedures
17 intended to maintain sanitary standards in these facilities, avoid
18 transmission of pathogens that cause infection, and provide
19 adequate training to health care professionals regarding the
20 prevention and treatment of MRSA and other infections in these
21 facilities.

22 SEC. 2. This act shall be known, and may be cited as, the
23 Medical Facility Infection Control and Prevention Act.

24 SEC. 3. Section 1255.8 is added to the Health and Safety Code,
25 to read:

26 1255.8. (a) For purposes of this section, the following terms
27 have the following meanings:

28 (1) "Colonized" means that a pathogen is present on the patient's
29 body, but is not causing any signs or symptoms of an infection.

30 (2) "Committee" means the Healthcare Associated Infection
31 Advisory Committee established pursuant to Section 1288.5.

32 (3) "Health facility" means a facility licensed as defined in
33 subdivision (a), (b), or (f) of Section 1250.

34 (4) "Health facility acquired infection" means a health care
35 associated infection, as defined by the federal Centers for Disease
36 Control and Prevention as any localized or systemic condition
37 resulting from an adverse reaction to an infectious agent or its
38 toxin that both occurs in a patient in a hospital and was found not
39 to be present or incubating in that patient at the time of admission
40 to the hospital, unless the infection was related to a previous

1 admission to the same hospital, or as defined by the department
2 in regulation.

3 (5) “MRSA” means Methicillin-resistant *Staphylococcus aureus*.

4 (6) “Network” means the federal Centers for Disease Control
5 and Prevention’s National Healthcare Safety Network.

6 (b) (1) Each health facility shall develop, implement, and
7 periodically evaluate procedures for identifying patients who are
8 colonized by, or infected with, MRSA.

9 (2) Each health facility shall, in accordance with subdivision
10 (d), implement a procedure to screen each patient who is scheduled
11 to undergo an inpatient or outpatient surgery, or who is admitted
12 to an intensive care unit, burn unit, or other unit at high risk for
13 the presence of MRSA. If a patient tests positive for MRSA, the
14 attending physician shall inform the patient or patient’s surrogate
15 immediately, or as soon as practically possible. For individuals
16 testing positive for colonization, but not for infection, with MRSA,
17 information shall be provided by the health care provider at
18 discharge describing MRSA, its care, and how to avoid spreading
19 MRSA to others. Additional information on wound care and ways
20 to prevent the spread of MRSA shall be provided, upon discharge,
21 to patients who test positive for an infection caused by MRSA.

22 (c) Each patient who is admitted to a general acute care hospital
23 shall be screened for MRSA in the following cases:

24 (1) The patient has been previously discharged from a general
25 acute care hospital within 30 days prior to the current hospital
26 admission.

27 (2) The patient will be admitted to an intensive care unit of the
28 hospital.

29 (3) The patient receives inpatient or outpatient dialysis treatment.

30 (4) The patient is being transferred from a rehabilitation or
31 skilled nursing facility.

32 (5) The patient has other risk factors as determined by the
33 department, taking into account the recommendations of the federal
34 Centers for Disease Control and Prevention.

35 (d) A patient screened in accordance with subdivision (c) shall
36 again be tested for MRSA immediately prior to his or her discharge
37 from the facility. A patient who tests positive for MRSA pursuant
38 to this subdivision shall not be discharged from the facility until
39 both of the following occur:

1 (1) The patient, or a surrogate, receives oral and written
2 instruction regarding care and needed precautions to prevent the
3 spread of the infection to others.

4 (2) The attending physician believes that discharge and
5 outpatient treatment do not interfere with the treatment of the
6 infection.

7 (e) Each health facility shall take all reasonable measures to
8 maintain a clean and sanitary environment, that, at a minimum,
9 shall include all of the following:

10 (1) Regular disinfection of all restrooms, countertops, furniture,
11 televisions, telephones, bedding, office equipment, and surfaces
12 in patient rooms, nursing stations, and storage units.

13 (2) Regular removal of accumulations of bodily fluids and
14 intravenous substances, and cleaning and disinfection of all
15 movable medical equipment, including point-of-care testing devices
16 such as glucometers, and transportable medical devices.

17 (3) Regular cleaning and disinfection of all surfaces in common
18 areas in the facility such as elevators, meeting rooms, and lounges.

19 (f) (1) Each health facility shall maintain one infection control
20 staff person for every 100 licensed beds at the facility who shall
21 be responsible for the implementation of infection control
22 programs.

23 (2) An infection control staff person required to be employed
24 by a health facility pursuant to paragraph (1) shall be a properly
25 licensed registered nurse or other qualified infection control
26 professional.

27 (g) Each health facility shall regularly report to the department
28 all cases of *Clostridium difficile*, MRSA, and Vancomycin-resistant
29 Enterococci. The department shall make these statistics pertaining
30 to these health facility acquired infections at specified health
31 facilities available on its Internet Web site. This information shall
32 be public and shall include the number of infections caused by
33 these pathogens.

34 (h) Each health facility shall maintain written policies regarding
35 a clean and sanitary environment and make them available to the
36 department.

37 ~~(i) Laboratories located within a health facility that process a~~
38 ~~positive test for MRSA shall notify the department of this result.~~
39 ~~All laboratories located within a health facility shall develop~~
40 ~~procedures to report isolates from nonduplicated patients.~~

1 (i) *Health facility to which paragraph (2) of subdivision (b)*
2 *applies shall notify the department whenever a laboratory located*
3 *in the facility obtains a positive test result for MRSA.*

4 (j) (1) The department shall establish a health care acquired
5 infection program pursuant to this section.

6 (2) Each hospital shall pay a fee per licensed bed and per
7 licensed facility to be used to cover the costs of the program
8 established pursuant to paragraph (1). This fee shall be in addition
9 to the annual licensing and certification program fees established
10 by the Licensing and Certification Program each fiscal year.

11 (3) The Department of Public Health Licensing and Certification
12 Health Care Acquired Infection Fund is hereby created in the State
13 Treasury. The moneys collected in accordance with this section
14 shall be deposited into the fund and shall be available for
15 expenditure, upon appropriation by the Legislature, to support the
16 operation of the department's health care acquired infection
17 program. Notwithstanding Section 16305.7 of the Government
18 Code, any interest earned on moneys in the fund shall accrue to
19 the fund.

20 SEC. 4. Section 120141 is added to the Health and Safety Code,
21 to read:

22 120141. The department's General Acute Care Hospitals
23 Licensing Program shall do all of the following:

24 (a) Beginning January 1, 2010, develop and implement through
25 a phased implementation schedule, an Internet-based public
26 reporting system that provides updated, easily understood consumer
27 information regarding the relative incidence of central line
28 associated blood stream infections, including associated pathogens,
29 acquired at each health facility in California, including information
30 on the number of licensed beds, the number of infection control
31 personnel employed at the facility, and a working toll-free
32 telephone number for customers to call for more information on
33 the facility's infection control and prevention initiatives.

34 (b) Beginning January 1, 2011, develop and implement through
35 a phased implementation schedule, an Internet-based public
36 reporting system that provides updated, easily understood consumer
37 information regarding the relative incidence of surgical site
38 infections, including associated pathogens, acquired at each health
39 facility in California, including information on the number of
40 licensed beds, the number of infection control personnel employed

1 at the facility, and a working toll-free telephone number for
2 customers to call for more information on the facility's infection
3 control and prevention initiatives.

4 (c) Beginning January 1, 2011, or the date on which standard
5 definitions for ventilator acquired pneumonia and catheter acquired
6 urinary tract infection have been ~~developed~~ *adopted by the*
7 *department*, whichever date is later, develop and implement
8 through a phased implementation schedule, an Internet-based
9 public reporting system that provides updated, easily understood
10 consumer information regarding incidence of ventilator acquired
11 pneumonia and catheter acquired urinary tract infections acquired
12 at each health facility in California, including information on the
13 number of licensed beds, the number of infection control personnel
14 employed at the facility, and a working toll-free telephone number
15 for customers to call for more information on the facility's infection
16 control and prevention initiatives.

17 (d) Until the department adopts, by regulation, a risk-adjustment
18 process that is consistent with the recommendations of the
19 Healthcare Associated Infection Advisory Committee established
20 pursuant to Section 1288.5, the public reporting system shall follow
21 the federal Centers for Disease Control and Prevention's National
22 Healthcare Safety Network (NHSN), or its successor, risk
23 adjustment, and use, when possible, its definitions.

24 (e) Health facilities that report data pursuant to the system shall
25 report this data to the NHSN and the department.

26 ~~(f) The State Department of Public Health may, with existing~~
27 ~~state or federal resources, sponsor pilot studies to identify methods~~
28 ~~to reduce health facility acquired infections. These studies should~~
29 ~~include the establishment of explicit ratios of infection control~~
30 ~~personnel to licensed beds in a health facility, enhanced Medi-Cal~~
31 ~~reimbursement strategies, and other methods.~~

32 ~~(g) The department may, at its discretion, by using existing state~~
33 ~~or federal resources, sponsor local and regional training to do any~~
34 ~~of the following:~~

35 ~~(1) Teach basic data analysis to better prepare local health~~
36 ~~departments to control and track disease outbreaks.~~

37 ~~(2) Provide local health departments and local health officers~~
38 ~~with an inventory of basic electronic disease investigation data~~
39 ~~analysis software.~~

1 ~~(3) Develop statewide exercises that emphasize the complete~~
2 ~~cycle involving communicable disease investigation, including~~
3 ~~surveillance, response investigation, disease control and recovery,~~
4 ~~and that assist local health officers to enhance, improve, and~~
5 ~~evaluate the response of local health departments to disease~~
6 ~~outbreaks.~~

7 SEC. 5. No reimbursement is required by this act pursuant to
8 Section 6 of Article XIII B of the California Constitution because
9 the only costs that may be incurred by a local agency or school
10 district will be incurred because this act creates a new crime or
11 infraction, eliminates a crime or infraction, or changes the penalty
12 for a crime or infraction, within the meaning of Section 17556 of
13 the Government Code, or changes the definition of a crime within
14 the meaning of Section 6 of Article XIII B of the California
15 Constitution.